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Conrad A. G. G. G.

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## FLUORIDATION: DO WE WANT IT? Documentation Thoroughly Discredits It MENACE TO HEALTH AND NEUTRALIZER OF MINDS

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Fluoridation is an attempt, by mass prophylaxis, to combat dental caries in human beings. One of several compounds, capable of producing fluoride in solution, is added to the public water supply in amounts sufficient to establish a fluoride ion concentration of 1 ppm, or thereabouts, depending on that concentration thought optimal for the area. Optimal values are varied from area to area, depending on mean temperature and sometimes season, to adjust for varying rates of water consumption for average individuals. Under usual conditions, the average individual is thought to ingest approximately 1 quart per day and the dosage of fluoride, 1 ppm, represents approximately 1 mg F in each quart. The attempt, therefore, is to get 1 mg F into each human, each day, and it is this amount that is regarded capable of reducing dental decay 65-70%. It is assumed that those in control will deliver water constantly containing optimal fluoride content. In the usage of any potent drug, it is the total dosage that is important. Total dosage here depends on the concentration of fluoride in the water and the amount of water drunk, assuming no other fluoride source. These figures of dosage are figured for the average consumer of water. Many humans, as we shall see, drink far from average amounts.

A pioneer proponent, Arnold, admitted (1): "First, it is not essential for fluorides to be continuously present in the diet for more than the first eight years of life in order that caries be inhibited. Secondly, the inhibitory action of fluorine may be dependent on the presence of optimal quantities in the diet during the formative period of the teeth, presumably increasing the fluoride content of the enamel and the dentin." In view of this, the insistence on any program necessitating a lifetime dosage, as in municipal water fluoridation, seems wasteful and unnecessarily hazardous.

Proponents deny that fluorides, as used in fluoridation, are drugs, since, in fluoridation, nobody is curing anything, but, by definition, drugs are substances used in the cure and prevention of disease. Fluorides do not improve water. Water is simply the carrier that delivers fluorides to people. Individuals, using fluoridated water, will themselves become fluoridated, regardless of need or desire. Proponents justify the empiricism inherent in water fluoridation, suggesting its safety has been proven by the extensive research that has been done. Necessarily, this research has been done in naturally fluoridated areas, and it fails to prove safety for naturally fluoridated waters, let alone those fluoridated artificially.

### NONESSENTIALITY OF FLUORIDES

Maynard (3), Phillips (4) and Weddle & Muhler (5) find no evidence that fluorine, in any amount, is essential for good teeth.



SODIUM FLUORIDE powder goes into a hopper prior to being added to a city's water. Note mask to prevent inhaling deadly fumes.

Exner (6) states: "There is no such thing, medically, as fluorine deficiency." Maurer & Day (7) fed a highly purified, fluorine-poor diet to animals and could produce no signs of fluorine deficiency, not even tooth decay. Ramsyer (8) found that fluoride at 1 ppm did not prevent tooth decay in albino rats; rather, that fluoridated rats had more decay than the controls.

Decay-free teeth have been observed in areas with no fluorides in the water (9) (10). On the other hand, tooth decay has been observed to be rampant where nature has "adjusted" fluoride levels (11). Kania found teeth of New Britain children, after six years of fluoridation there, damaged beyond repair (12).

### THE TOXICITY OF FLUORIDES

According to Comroe, Collins & Crame (13): "Fluorine is a much more potent poison than arsenic or lead." Largent (14) gives the lethal dose of sodium fluoride as about 4 g. Hodge & Smith (15) set it at 5-10 g. Roholm (16) and Gettler & Ellersbrook (17) show that it may run as low as 0.1 g. In fluoridation, we are not greatly concerned with the acute toxicity of fluorides, except to note the broadness of the range of estimations thereof, especially in view of the fact that sub-lethal amounts have similarly broad ranges of effect. Only proponents seem concerned with the number of bathtubs full of water, fluoridated or not, any human can drink.

The fatal dose of fluorine compounds varies widely even though all are extremely toxic. While fluoride ion is doubtless always the fluoride ion, its different source compounds do behave differently. According to "Industrial and Engineering Chemistry" (18), it takes 100 times more calcium fluoride to kill rats than sodium fluoride. The fluoride ion's behaviour depends on the kinds and amounts of other ions present in solution with it.

Kick, et al (19) and Lawrenz (20) found much higher retention of sodium fluoride than of calcium fluoride in rats. This is further evidence that "in vivo" behaviour of fluorides involves much more than the fluoride ion themselves.

McClure (21) attempted to establish that storage of fluoride does not occur at fluoridation levels. As a result of his balance studies, he concluded: "The elimination of absorbed fluorine via urine and sweat is practically complete when the quantities do not exceed 4.0 - 5.0 mg daily."

Armstrong, whose method McClure used in the fluoride determinations, added criticism, which also explains some of the errors in McClure's work. He said: "In my experience, the determination of fluorine in urine and feces is extremely difficult, if not impossible. The results are usually on the high side, more fluoride being found in the urine to which a definite amount of sodium fluoride has been added than is actually present. So, I have never been able to understand the results that McClure obtained which indicate the excretion of nearly 100% of the administered dose." (22)

McClure's conclusion has been refuted by nearly all others studying fluoride cumulation in the body. This has not, however, prevented proponents from quoting his statement to satisfy those questioning safety of fluoridation from a cumulative standpoint.

Hodge (23) finds that: "Skeletal deposition of fluoride is a continuing process in which a considerable portion of the ingested fluoride, perhaps a quarter, or as much as half, is deposited in the skeleton." In 1954, Hodge & Smith were of the opinion (15): "On the basis of present knowledge it is hard to see any hazard associated with the extra deposition of fluoride in the skeleton that will undoubtedly accompany water fluoridation." However, in conjunction with Steinberg & Gardiner, Hodge & Smith state (24): "Still unknown are the beneficial and ill effects that fluoridation of water may have on mankind."

### EXPERTS SAY NO "SAFETY"

Wallace-Durbin, in her "tracer" studies, found over half of fluoride to be deposited in the skeletons of young rats, with older ones retaining slightly less. She declared: "Apparently there is no level of fluoride intake below which storage ceases and excretion is complete as was stated by McClure."

Rapp (26) noted retention of one half of absorbed fluorides, also observing, as did Greenwood, et al (27), storage elsewhere than in the skeleton: heart, brain, muscle, aorta, etc. He attested to fluorides exerting their poisoning effects at all levels of intake on enzymes, cells and calcifying tissues: "All cells are affected by fluoride . . . The extent of effect on a cell to be directly related to that cell's dependence on carbohydrate metabolism."